FILE SPECIFICATIONS
for
MIRCal Online Transmission

May 2002

DRAFT

Medical Information Reporting for California

State of California
Office of Statewide Health Planning and Development (OSHPD)
Patient Discharge Data Section
818 K Street, Room 100
Sacramento, CA 95814

FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001

STANDARD FORMAT AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

MINIMUM SYSTEMS REQUIREMENT

1. Access to a personal computer (with the following minimum configuration)
   - 300MHZ processor, 32 MB RAM, 4 GB hard drive (at least 500MB free)
   - High speed LAN connection (preferred) or 56k modem or faster
   - Microsoft Internet Explorer version 4.0 (or higher) with 128-bit Secure Socket Layer (SSL)
   - Adobe Acrobat Reader
   - Virus Checking Software
   - Optional ZIP Program and CD-ROM
2. Internet access (ISP)
3. E-mail

STANDARD RECORD FORMAT

Deviation from the format will not be accepted.
1. One reporting facility and time period per file.
2. Standard ASCII character coding.
3. Record length 520 characters followed by a carriage return and line feed.

ADDITIONAL REQUIREMENTS

- No packed or binary data.
- All unused alphanumeric and alphabetic fields must be space-filled.
- All alpha fields must be in UPPER CASE.
- All unused numeric fields must be zero-filled.
- The 6-digit facility identification number indicated on the transmittal form must be exactly as it appears on the record in positions 2 through 7.
- The data file must be a text file with the extension of ".txt" (if zipped, submit the zipped file with a ".zip" extension).

OPTIONAL FILE COMPRESSION

Data files may be compressed to speed up the file uploading time. The following compression applications are supported:
- gzip
- Pkzip
- Winzip

The programs can be obtained at:
- gzip - http://www.gzip.org/ (Free under GPL license)
- Pkzip - http://www.pkzip.com (Nominal fee)
- Winzip - http://www.winzip.com (Nominal fee)

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DATA ELEMENT SPECIFICATIONS

STANDARD RECORD FORMAT

Description	From	Through	Format[1]
Patient's Type of Care	1	1	N(1)
Facility Identification Number	2	7	N(6)
Date of Birth	8	15	N(8)
Sex	16	16	N(1)
Race			
Ethnicity	17	17	N(1)
Race	18	18	N(1)
ZIP Code	19	23	X(5)
Admission Date	24	31	N(8)
Source of Admission			
Site	32	32	N(1)
Licensure of Site	33	33	N(1)
Route of Admission	34	34	N(1)
Type of Admission	35	35	N(1)
Discharge Date	36	43	N(8)
Principal Diagnosis	44	48	X(5)
Principal Diagnosis Present at Admission	49	49	A(1)
Other Diagnoses	50	-----	X(5)[2]
Other Diagnoses Present at Admission	-----	193	A(1)[2]
Principal Procedure Code	194	197	X(4)
Principal Procedure Date	198	205	N(8)
Other Procedure Codes	206	-----	X(4)[3]
Other Procedures Dates	-----	445	N(8)[3]
Principal E-Code	446	450	X(5)
Other E-Codes	451	470	X(5)[4]
Patient's Social Security Number	471	479	N(9)
Disposition of Patient	480	481	N(2)
Total Charges	482	488	N(7)
Abstract Record Number	489	500	X(12)
DNR Order	501	501	A(1)
Unused	502	502	X(1)
Expected Source of Payment			
Payer Category	503	504	N(2)
Type of Coverage	505	505	N(1)
Plan Code Number	506	509	N(4)
Unused	510	520	X(11)

Footnotes are on Page 4

STANDARD FORMAT AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

FOOTNOTES

[1]Format indicates data type and length (in parentheses). Data type is defined as:

    A = Alpha
    N = Numeric
    X = Alphanumeric

[2]This variable and its format occurs 24 times. Fill from the left-most position and **DO NOT** skip fields. Each other diagnosis and its condition present at admission is paired. The first pair is in positions 50-55, the second pair in 56-61, the third pair in 62-67, and so on consecutively through 24 pairs.

[3]This variable and its format occurs 20 times. Fill from the left-most position and DO NOT skip fields. Each other procedure and its date is paired. The first pair is in positions 206-217, the second pair in 218-229, the third pair in 230-241, and so on consecutively though 20 pairs.

[4]This variable and its format occurs 4 times. Fill from the left-most position and **DO NOT** skip fields.

DATA ELEMENT SPECIFICATIONS

<u>PATIENT'S TYPE OF CARE</u>

Record Position:	1
Data Length:	1
Data Type:	Numeric
Codes:	1 = Acute Care
	3 = Skilled Nursing/Intermediate Care
	4 = Psychiatric Care
	5 = Chemical Dependency Recovery Care
	6 = Physical Rehabilitation Care

<u>FACILITY IDENTIFICATION NUMBER</u>

Record Positions:	2 through 7
Data Length:	6
Data Type:	Numeric
Codes:	Facility Identification Number (the unique facility number assigned by OSHPD). This field is required for each record.

<u>DATE OF BIRTH</u>

Record Positions:	8 through 15
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u>
	Month Day Year
Special Instructions:	Single-digit months and days must include a preceding zero.

DATA ELEMENT SPECIFICATIONS

SEX

Record Position:	16
Data Length:	1
Data Type:	Numeric
Codes:	1 = Male
	2 = Female
	3 = Other
	4 = Unknown

RACE

Ethnicity

Record Position:	17
Data Length:	1
Data Type:	Numeric
Codes:	1 = Hispanic
	2 = Non-Hispanic
	3 = Unknown

RACE

Record Position:	18
Data Length:	1
Data Type:	Numeric
Codes:	1 = White
	2 = Black
	3 = Native American/Eskimo/Aleut
	4 = Asian/Pacific Islander
	5 = Other
	6 = Unknown

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DATA ELEMENT SPECIFICATIONS

ZIP CODE

Record Positions:	19 through 23
Data Length:	5
Data Type:	Alphanumeric
Codes:	5 digit ZIP Code
	XXXXX = Unknown
	YYYYY = Foreign
	ZZZZZ = Homeless
Special Instructions:	XXXXX, YYYYY, and ZZZZZ <u>must</u> be reported in UPPER CASE.

ADMISSION DATE

Record Positions:	24 through 31
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u>
	Month Day Year
Special Instructions:	Single-digit months and days must include a preceding zero.

DATA ELEMENT SPECIFICATIONS

SOURCE OF ADMISSION

Site

Record Position: 32
Data Length: 1
Data Type: Numeric
Codes: 1 = Home
          2 = Residential Care Facility
          3 = Ambulatory Surgery
          4 = Skilled Nursing/Intermediate Care
          5 = Acute (Inpatient) Hospital Care
          6 = Other (Inpatient) Hospital Care
          7 = Newborn
          8 = Prison/Jail
          9 = Other

Licensure Of Site

Record Position: 33
Data Length: 1
Data Type: Numeric
Codes: 1 = This Hospital
          2 = Another Hospital
          3 = Not a Hospital

Route Of Admission

Record Position: 34
Data Length: 1
Data Type: Numeric
Codes: 1 = <u>Your</u> Emergency Room
          2 = Not <u>Your</u> Emergency Room

DATA ELEMENT SPECIFICATIONS

<u>TYPE OF ADMISSION</u>

Record Position:	35
Data Length:	1
Data Type:	Numeric
Codes:	1 = Scheduled
	2 = Unscheduled
	3 = Infant, under 24 hrs. old
	4 = Unknown

<u>DISCHARGE DATE</u>

Record Positions:	36 through 43
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u>
	Month Day Year
Special Instructions:	Single-digit months and days must include a preceding zero.

<u>PRINCIPAL DIAGNOSIS</u>

Record Positions:	44 through 48
Data Length:	5
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification
Special Instructions:	The ICD-9-CM code must be left-justified and space-filled. The default value is all spaces.

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DATA ELEMENT SPECIFICATIONS

PRINCIPAL DIAGNOSIS CONDITION PRESENT AT ADMISSION

Record Position:	49
Data Length:	1
Data Type:	Alpha
Codes:	Y = Yes
	N = No
	U = Uncertain
Special Instruction:	Y, N, and U must be reported in UPPER CASE.

OTHER DIAGNOSES

Record Positions:	50 through 54, 56-60, 62-66, etc. consecutively through 24 codes ending in position 192
Data Length:	5
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification
Special Instructions:	The ICD-9CM code must be left-justified and space-filled. Fill from the left-most position and **DO NOT** skip fields The default value is all spaces. Do not include E-codes.

OTHER DIAGNOSES CONDITIONS PRESENT AT ADMISSION

Record Positions:	55, 61, 67, etc. consecutively through 24 codes ending in position 193
Data Length:	1
Data Type:	Alpha
Codes:	Y = Yes
	N = No
	U = Uncertain
Special Instructions:	Y, N, and U must be reported in UPPER CASE.

DATA ELEMENT SPECIFICATIONS

<u>PRINCIPAL PROCEDURE AND DATE</u>

Principal Procedure Code

Record Positions:	194 through 197
Data Length:	4
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification
Special Instructions:	The procedure code must be left-justified and space-filled. The default value is all spaces.

Principal Procedure Date

Record Positions:	198 through 205
Data Length:	8
Data Type:	Numeric
Codes:	<u>99</u> <u>99</u> <u>9999</u> Month Day Year
Special Instructions:	Single-digit months and days must include a preceding zero. When there is no principal procedure, the default value is all zeros.

OTHER PROCEDURES AND DATES

OTHER PROCEDURES CODES

Record Positions:	206 through 209, 218-221, 230-233, etc. consecutively through 20 codes ending in position 437
Data Length:	4
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification
Special Instructions:	Other procedures codes must be left-justified and space-filled. Fill from the left-most position and **DO NOT** skip fields. The default value is all spaces.

OTHER PROCEDURES DATES

Record Positions:	210 through 217, 222-229, 234-241, etc. consecutively through 20 codes ending in position 445
Data Length:	8
Data Type:	Numeric
Codes:	99 99 9999 Month Day Year
Special Instructions:	Single-digit months and days must include a preceding zero. When there are no other procedures codes, the default value is zeros.

DATA ELEMENT SPECIFICATIONS

PRINCIPAL E-CODE

Record Positions:	446 through 450
Data Length:	5
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification
Special Instructions	The ICD-9-CM code must be left-justified and space-filled. The default value is all spaces.

OTHER E-CODES

Record Positions:	451 through 455, 456-460, 461-465, and 466-470 (maximum of 4 E-Codes)
Data Length:	5
Data Type:	Alphanumeric
Codes:	International Classification of Diseases, 9th Revision, Clinical Modification
Special Instructions:	The ICD-9-CM code must be left-justified and space-filled. The default value is all spaces.

PATIENT'S SOCIAL SECURITY NUMBER

Record Positions:	471 through 479
Data Length:	9
Data Type:	Numeric
Codes:	Enter the full 9-digit SSN including zeros. **DO NOT** use hyphens. Enter 000000001 if the SSN is not recorded in the patient's medical record.

DISPOSITION OF PATIENT

Record Positions:	480 through 481
Data Length:	2
Data Type:	Numeric
Codes:	01 = Routine Discharge
	02 = Acute Care Within This Hospital
	03 = Other Type of Hospital Care Within This Hospital
	04 = Skilled Nursing/Intermediate Care Within This Hospital
	05 = Acute Care at Another Hospital
	06 = Other Type of Hospital Care at Another Hospital (Not Skilled Nursing/Intermediate Care)
	07 = Skilled Nursing/Intermediate Care Elsewhere
	08 = Residential Care Facility
	09 = Prison/Jail
	10 = Against Medical Advice
	11 = Died
	12 = Home Health Service
	13 = Other
Special Instructions:	Single digit values must include a preceding zero.

DATA ELEMENT SPECIFICATIONS

<u>TOTAL CHARGES</u>

Record Positions:	482 through 488
Data Length:	7
Data Type:	Numeric
Codes:	Whole dollars only—no cents. Code 9999999 for Total Charges exceeding 7 positions.
Special Instructions:	Total Charges must be right-justified, zero-filled, and unsigned. The default value is all zeros.

<u>ABSTRACT RECORD NUMBER (OPTIONAL)</u>

Record Positions:	489 through 500
Data Length:	12
Data Type:	Alphanumeric
Code:	Optional medical record number or any patient identification number assigned by the facility.
Special Instructions:	The Abstract Record Number must be left-justified and space-filled. If not reported, the default value is all spaces.

<u>DO NOT RESUSCITATE (DNR) ORDER</u>

Record Position:	501
Data Length:	1
Data Type:	Alpha
Codes:	Y = Yes
	N = No
Special Instructions:	Y and N <u>must</u> be reported in UPPER CASE.

DATA ELEMENT SPECIFICATIONS

<u>UNUSED</u>

Record Position:	502
Data Length:	1
Data Type:	Alphanumeric
Codes:	Space

<u>EXPECTED SOURCE OF PAYMENT</u>

Payer Category

Record Positions:	503 through 504
Data Length:	2
Data Type:	Numeric
Codes:	01 = Medicare
	02 = Medi-Cal
	03 = Private Coverage
	04 = Workers' Compensation
	05 = County Indigent Programs
	06 = Other Government
	07 = Other Indigent
	08 = Self Pay
	09 = Other Payer
Special Instructions:	Single-digit codes must included a preceding zero.

Type of Coverage

Record Position:	505
Data Length:	1
Data Type:	Numeric
Codes:	1 = Managed Care – Knox-Keene or Medi-Cal County Organized Health System
	2 = Managed Care – Other
	3 = Traditional Coverage
Special Instructions:	Type of Coverage MUST be reported if Payer Category 01, 02, 03, 04, 05, or 06 is reported. If Payer Category 07, 08, or 09 is reported, the default value is zero.

Plan Code Number

Record Positions:	506 through 509
Data Length:	4
Data Type:	Numeric
Codes:	Refer to attached Tables of the Plan Code Names and Plan Code Numbers, Pages 22 through 24.
Special Instructions:	The Plan Code Number must be right-justified and zero-filled. The Plan Code Number MUST be reported if Type of Coverage 1 is reported. If Type of Coverage 2 or 3 is reported, the default value is zero.

Unused

Record Positions:	510 through 520
Data Length:	11
Data Type:	Alphanumeric
Codes:	Spaces

DATA ELEMENT SPECIFICATIONS

Table 1. Knox-Keene Licensed Plans and Plan Code Numbers
For use with discharges occurring in 1999

Plan Code Names	Plan Code Numbers
Aetna Health Plans of California, Inc.	0176
Alameda Alliance for Health	0328
American Family Care	0322
Blue Cross of California	0303
Blue Shield of California	0043
BPS HMO	0314
Brown and Toland Medical Group	0352
Calaveras Provider Network	0365
Care 1st Health Plan	0326
Careamerica-Southern California, Inc.	0234
Chinese Community Health Plan	0278
Cigna Healthcare of California, Inc.	0152
Community Health Group	0200
Community Health Plan (County of Los Angeles)	0248
Contra Costa Health Plan	0054
Concentrated Care, Inc.	0360
Foundation Health, a California Health Plan	0109
Great American Health Plan	0327
Greater Pacific HMO Inc	0317
HAI	0292
Healthmax America	0277
Health Net	0300
Health Plan of America (HPA)	0126
Health Plan of the Redwoods	0159
Heritage Provider Network, Inc.	0357
Inland Empire Health Plan	0346
Inter Valley Health Plan	0151
Kaiser Foundation Added Choice Health Plan	0289
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems Inc	0335
Key Health Plan of California	0343
Lifeguard, Inc.	0142
LA Care Health Plan	0355
Managed Health Network	0196

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DATA ELEMENT SPECIFICATIONS

Table 1. Knox-Keene Licensed Plans and Plan Code Numbers, Continued
For use with discharges occurring in 1999

Maxicare	0002
MCC Behavioral Care of California, Inc.	0298
MedPartners Provider Network, Inc.	0345
Metrahealthcare Plan	0266
Merit Behavioral Care of California, Inc.	0288
Monarch Plan Inc.	0270
National Health Plans	0222
National HMO	0222
Occupational Health Services (OHS)	0235
Omni Healthcare, Inc.	0238
One Health Plan of California Inc.	0325
Pacificare Behavioral Health of California Inc.	0301
Pacificare of California	0126
Priorityplus of California	0237
Prucare Plus	0296
Qualmed Plans for Health	0300
Regents of the University of California	0354
San Francisco Health Plan	0349
Santa Clara County Family Health Plan	0351
Secure Horizons	0126
Sharp Health Plan	0310
Smartcare Health Plan	0212
The Health Plan of San Joaquin	0338
Tower Health Service	0324
UHC Healthcare	0266
UHP Healthcare	0008
Universal Care	0209
Valley Health Plan	0236
Value Behavioral Health of California, Inc.	0293
Ventura County Healthcare Plan	0344
Vista Behavioral Health Plan	0102
Western Health Advantage	0348
Other	8000

FOR USE WITH DISCHARGES ON AND AFTER 1/1/2001

DATA ELEMENT SPECIFICATIONS

Table 2. Medi-Cal County Organized Health Systems and Plan Code Numbers
For use with discharges occurring in 1999

Name of Medi-Cal County Organized Health System	Plan Code Numbers
Cal Optima (Orange County)	9030
Health Plan of San Mateo (San Mateo County)	9041
Santa Barbara Health Authority(Santa Barbara County)	9042
Santa Cruz County Health Options (Santa Cruz County)	9044
Solano Partnership Health Plan (Solano County)	9048

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DATA ELEMENT SPECIFICATIONS

Table 1. Knox-Keene Licensed Plans and Plan Code Numbers:
For use with discharges occurring in 2000

Plan Code Names	Plan Code Numbers
Aetna Health Plans of California, Inc.	0176
Alameda Alliance for Health	0328
Blue Cross of California	0303
Blue Shield of California	0043
BPS HMO	0314
Calaveras Provider Network	0365
Care 1st Health Plan	0326
Cedars-Sinai Provider Plan, LLC	0366
Chinese Community Health Plan	0278
Cigna Healthcare of California, Inc.	0152
Community Health Group	0200
Community Health Plan (County of Los Angeles)	0248
Concentrated Care, Inc.	0360
Contra Costa Health Plan	0054
FPA Medical Management of California, Inc	0350
Great American Health Plan	0327
Greater Pacific HMO Inc	0317
HAI, Hai-Ca	0292
Healthmax America	0277
Health Net	0300
Health Plan of America (HPA)	0126
Health Plan of the Redwoods	0159
Health Plan of San Mateo Healthy Families, not COHS	0358
Heritage Provider Network, Inc.	0357
Holman Professional Counseling Centers	0231
Inland Empire Health Plan	0346
Inter Valley Health Plan	0151
Kaiser Foundation Added Choice Health Plan	0289
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems Inc	0335
Key Health Plan of California	0343
Key HMO Key Choice	0343
Lifeguard, Inc.	0142
LA Care Health Plan	0355
Managed Health Network	0196
Maxicare	0002
MCC Behavioral Care of California, Inc.	0298
MedPartners Provider Network, Inc.	0345
Metrahealth Care Plan	0266
Merit Behavioral Care of California, Inc.	0288
Molina	0322
National Health Plans	0222
National HMO	0222
Omni Healthcare, Inc.	0238
One Health Plan of California Inc.	0325

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On Lok Senior Health Services	0385
Pacificare Behavioral Health of California Inc.	0301
Pacificare of California	0126
Primecare Medical Network, Inc. A CA. Corp.	0367
Priorityplus of California	0237
Prucare Plus	0296
Qualmed Plans for Health/Bridgeway	0300
Regents of the University of California	0354
San Francisco Health Plan	0349
Santa Clara Family Health Plan	0351
Scripps Clinic Health Plan Services, Inc.	0377
Secure Horizons	0126
Sharp Health Plan	0310
Simnsa Health Care	0393
Sistemas Medicos Nacionales, S.A. De C.V.	0393
Smartcare Health Plan	0212
The Health Plan of San Joaquin	0338
Thipa Management Consultants, Incorporated	0363
Tower Health Service	0324
UHC Healthcare	0266
UHP Healthcare	0008
Universal Care	0209
Valley Health Plan	0236
Value Behavioral Health & American Psychol.	0293
Ventura County Health Care Plan	0344
Vista Behavioral Health Plan	0102
Western Health Advantage	0348
Other HMO	8000

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